

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005642

FILED VS. MAR 15 1960

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 46

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cooper				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		Length of stay in 1b 7 wks		c. CITY OR TOWN Boonville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 910 4th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RONALD Middle EUGENE Last LAND				4. DATE OF DEATH March 7 1960 Month March Day 7 Year 1960				
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/18/60	9. AGE (last birthday) 1 Months 13 Days Hours Min.	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Boonville, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Carlos O. Land			13b. MOTHER'S MAIDEN NAME Lorene Mallory		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none	17. INFORMANT Carlos O. Land Address Boonville, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Renal Failure</u> DUE TO (b) <u>Obstruction of ureters bilateral</u> DUE TO (c) <u>Congenital Anomaly</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH From Birth		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <u>1-18-60</u> , to <u>3-7-60</u> and last saw ^{her} him alive on <u>3-6-60</u> Death occurred at <u>3:55 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>W. B. Avery M.D.</u> (Degree or title)				22b. ADDRESS <u>329 Main, Boonville, Mo</u>		22c. DATE SIGNED <u>3-7-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Mar. 8/60	23c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cem.		23d. LOCATION (City, town, or county) Boonville, Mo.		(State)		
24. FUNERAL DIRECTOR B. W. Thacher ADDRESS Boonville, Mo.			25. DATE RECD. BY LOCAL REG. 3/7/60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Berry W Shaker

Licensed Embalmer No. 3944

P. O. Address Boonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
- If this body is not embalmed, fact should be so stated above.